

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/507170

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3						
4			2			
5			3			
6			3			
7			3			
8			3			
9			3			
10			3			
11			3			
12			3			
13			3			
14			3			
15			3			
16			3			
17			3			
18			3			
19			3			
20	1		1	3		
21						
22	2		2			
23	2		2			
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TOTAL IND.			2			
TOTAL DEP.			73			
TOTAL CLAIMS			75			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						